Cynulliad Cenedlaethol Cymru
The National Assembly for Wales

Y Pwyllgor Iechyd a Gofal Cymdeithasol
The Health and Social Care Committee

Dydd Mercher, 5 Rhagfyr 2012
Wednesday, 5 December 2012

Cynnwys
Contents

Scrutiny

Cofnodir y trafodion yn yr iaith y llefarwyd hwy ynddi yn y pwyllgor. Yn ogystal, cynhwysir trawsgrifiad o'r cyfieithu ar y pryd.

The proceedings are reported in the language in which they were spoken in the committee. In addition, a transcription of the simultaneous interpretation is included.

Aelodau'r pwyllgor yn bresennol
Committee members in attendance

Mick Antoniw	Llafur Labour
Mark Drakeford	Llafur (Cadeirydd y Pwyllgor) Labour (Committee Chair)
Rebecca Evans	Llafur Labour
Vaughan Gething	Llafur Labour
William Graham	Ceidwadwyr Cymreig Welsh Conservatives
Elin Jones	Plaid Cymru The Party of Wales
Darren Millar	Ceidwadwyr Cymreig Welsh Conservatives
Lynne Neagle	Llafur Labour
Lindsay Whittle	Plaid Cymru The Party of Wales
Kirsty Williams	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats

Eraill yn bresennol
Others in attendance

Lesley Griffiths	Aelod Cynulliad, Llafur (y Gweinidog Iechyd a Gwasanaethau Cymdeithasol) Assembly Member, Labour (the Minister for Health and Social Services)
Dr Chris Jones	Cyfarwyddwr Meddygol GIG Cymru a'r Dirprwy Brif Swyddog Meddygol, Llywodraeth Cymru Medical Director NHS Wales and Deputy Chief Medical Officer, Welsh Government
David Sissling	Prif Weithredwr GIG Cymru a Chyfarwyddwr Cyffredinol, Iechyd, Gwasanaethau Cymdeithasol a Phlant, Llywodraeth Cymru Chief Executive of NHS Wales and Director General, Health, Social Services and Children, Welsh Government

Swyddogion Cynulliad Cenedlaethol Cymru yn bresennol
National Assembly for Wales officials in attendance

Sarah Beasley	Clerc Clerk

Llinos Dafydd	Clerc Clerk
Steve George	Clerc Clerk
Gwyn Griffiths	Uwch-gynghorydd Cyfreithiol Senior Legal Adviser
Catherine Hunt	Dirprwy Glerc Deputy Clerk
Olga Lewis	Dirprwy Glerc Deputy Clerk
Victoria Paris	Y Gwasanaeth Ymchwil Research Service
Sarah Sargent	Dirprwy Glerc Deputy Clerk

Dechreuodd y cyfarfod am 9.31 a.m.
The meeting began at 9.31 a.m.

Cyflwyniad, Ymddiheuriadau a Dirprwyon
Introductions, Apologies and Substitutions

[1] **Mark Drakeford:** Bore da. Croeso i chi i gyd i'r Pwyllgor Iechyd a Gofal Cymdeithasol.

Mark Drakeford: Good morning. Welcome to you all to the Health and Social Care Committee.

Craffu ar Waith y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Scrutiny of the Minister for Health and Social Services

[2] **Mark Drakeford:** Estynnaf groeso i'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol, Lesley Griffiths. Yn bresennol am yr ail wythnos o'r bron mae David Sissling, Cyfarwyddwr Cyffredinol Iechyd, Gwasanaethau Cymdeithasol a Phlant Llywodraeth Cymru, a Dr Chris Jones, dirprwy brif swyddog meddygol Llywodraeth Cymru. Diolchaf i'r Gweinidog am ddod yma'r bore yma.

Mark Drakeford: I extend a welcome to the Minister for Health and Social Services, Lesley Griffiths. Joining us for the second week in a row are David Sissling, the Welsh Government's Director General of Health, Social Services and Children, and Dr Chris Jones, deputy chief medical officer of the Welsh Government. I thank the Minister for joining us this morning.

[3] Rwyf am ddechrau drwy ofyn i chi, Weinidog, a oes gennych unrhyw sylwadau agoriadol yr hoffech eu gwneud, neu a hoffech fynd yn syth at y cwestiynau.

I will start by asking you, Minister, whether you have any opening remarks that you would like to make, or whether you would like to go straight to the questions.

[4] **The Minister for Health and Social Services (Lesley Griffiths):** Let us go straight to the questions.

[5] **Mark Drakeford:** Thank you, Minister. We will move straight to the questions, and Darren Millar has the first set.

[6] **Darren Millar:** Minister, you issued a statement this morning on the conclusions of your NHS mid-year review. In that statement, you announce an additional £82 million for the Welsh NHS. We have been calling for extra investment in the NHS, and, as the Welsh Conservatives, we very much welcome that additional money. However, does this not

constitute another bailout?

[7] **Lesley Griffiths:** Absolutely not. It is not a bailout at all. You will remember that I said the last time that I came before the committee, in answer to a question from you, I think, that I had a contingency fund. It became clear as we went through the year that I needed to have a close look at finance and performance, and that is why I requested that officials, led by David, did a review. This money has come from my budget; there is nothing from central reserves. I have been honest and upfront about the challenges that the NHS was facing, and I think this shows prudent financial management. I have also had a review of central programmes within my portfolio, because we are in very difficult financial times, and have seen where we can save money on non-essential programmes.

[8] The review unearthed significant increases and pinchpoints, and, as we go through the year, I need to make sure that policy developments are fulfilled. So, it is absolutely not a bailout; I think it shows good financial management.

[9] **Darren Millar:** Forgive me, Minister, but, at the start of the year, you made it clear that there was no extra money for the NHS and that you expected the NHS to balance the books without additional support, and you made statements to that effect on many occasions in the Chamber. Yet we find ourselves approaching the year-end with an enormous financial crisis because of the record-breaking cuts being imposed on the NHS by your Government and you are having to dip into your pocket in order to bail out these health boards to the tune of £82 million. As you will be aware, the Public Accounts Committee of the National Assembly is looking at NHS finances at the moment. It received additional information yesterday that suggests that, even if the most likely scenario were to occur, there would be a financial requirement for an additional £92 million, which is beyond the £82 million that you have made available today. So, how can you sit there and suggest that you have not bailed out the Welsh NHS, when the facts are plain for everybody to see? Do you think that the £82 million will be sufficient? Is it a recurring amount, given that these pressures are not going away in terms of the ageing population and the demand on our accident and emergency services? Also, can you tell us how it will be distributed? The last bailout that you gave the NHS, in the previous financial year—you will deny that it was a bailout, of course—was allocated largely on a £17 million-each basis for most of the health boards, other than Hywel Dda and Powys LHBs, which received £33 million and £15 million respectively. That particular distribution did not seem to be scientific, so perhaps you can tell us whether it is recurring and the basis on which it will be allocated to individual health boards.

[10] **Lesley Griffiths:** I will start again. It is not a bailout. I cannot believe that you are sitting there criticising, after telling me that I have to give them more money. I give them more money from within my budget, after prudent financial management—I have been honest and upfront about it, and this is money from my budget, so I do not know how you can call it a bailout or how you can say that it is end of year. We are just going into the final third of the financial year, so I do not know how you can say that it is end of year. The one thing that I have got away from since I have been Minister is the bailouts that happened at the end of the year, year after year, with money from central reserves. This money has come from my budget. It is not extra money. That money was always in my budget, and it was there because I knew that there could be pinchpoints as we went through the year. I have to make sure that we protect services, and I really cannot understand how you can think that it is a bailout.

[11] I can certainly give information about the allocations, and perhaps David can say how it is has been done. It is not recurring. If we had to look at recurrent funding, we would have to look closely at how that would be done. You referred to the increased pressures on services and the increased demand, and we will have to look at next year's budget to make sure that that is covered as well. I will ask David to talk about the allocation.

[12] **Mr Sissling:** To emphasise something that is particularly important to me—in other committees, I have had an opportunity to describe the accountability aspects of this—my concern about the use of the word 'bailout' is that it implies a dilution of accountability. From my point of view, as chief executive of the NHS, this reinforces the accountability arrangements. It is a mid-year review and a mid-year position; it is important to protect quality and to respond to unprecedented increases in demand. It will be followed by enhanced accountability arrangements from now through to the end of the year.

[13] The basis on which the £82 million has been determined has first been through the forecasts and the financial positions of each health board, and then individual meetings with each health board's chief executive and directors of finance to make sure that we got behind the numbers and understood the risk. We wanted to get into the risk and understand how we could best construct a position that would take us through to the year end. I am aware that some ranges were described yesterday, from the best case to the worst case. We have looked at the most likely case, and I think it is very much in line with the findings of the Wales Audit Office, with some further assessment that we have made. We need to make sure that we get this right. The distribution of money maps on to the risk of individual health boards. Therefore, there is some variation between health boards; they are not all the same. I am happy to provide details of that.

[14] Any decisions about recurrency will be subject to further intensive planning, because we need to make sure by 1 April that we have plans that are already in place, mobilised and acted, which provide the prospects of financial balance and the maintenance of good quality next year. In terms of any decisions about elements of recurrency, we will very much want to base those on population shares rather than the kind of arrangement that we are having as part of this mid-year review.

[15] **Darren Millar:** When you last came before the committee, Minister, that was the first time that Assembly Members had heard about the £50 million contingency fund that your department had set aside. Of course, it is prudent to have a contingency fund, and we do not disagree with that at all. However, you made it clear that the contingency fund was to enable service change to take place, not necessarily to respond to pressures that, frankly, should have been predictable, given the ageing population and that we know roughly what happened last year and what happens every winter et cetera. So, how on earth you can say that this was unprecedented demand, I do not know. Can you tell me what level of demand you expect next year, and what pressure you expect that to put on finances? Given that you have no contingency left to assist and support service change, what on earth will you do to enable health boards to run services alongside each other, where that might be necessary, so that they can have a smooth transition to any new arrangements that might come about as a result of service reorganisation?

[16] **Lesley Griffiths:** That aspect will have been looked at already by the health boards. You talk about the level of demand. I am sure that it was you who said in the Chamber, 'Oh, we now have summer pressures'. Yes, we did have summer pressures; we saw a huge increase in demand—

[17] **Darren Millar:** We will have spring pressures and autumn pressures.

[18] **Lesley Griffiths:** Absolutely. It is all year. It is the demographic time bomb that we keep talking about. It may still be ticking, but we are getting ever closer, and we have to make sure that services are protected. I would have thought that you would welcome the fact that I am protecting services in this way.

[19] I expect the health boards to come in on budget, just as they did last year. They have a statutory responsibility, and they will come in on budget.

[20] **Mark Drakeford:** We are grateful to you for having released this statement in time for us to be able to take it up with you this morning. As a result, I am going to allow this item to run just a little longer than I would normally. I want to make sure that I allow Elin and Kirsty to ask some questions on this, and I will see whether any Labour Members want to follow on after that. I will go to Elin first.

[21] **Elin Jones:** Thank you, Chair.

[22] Minister, I have two questions. There is a contingency reserve of £50 million for this year. Am I correct in assuming that the £32 million on top of that is money that has been reallocated from your capital expenditure? Does the budget that the Assembly passed yesterday include a contingency reserve for next year? If so, how much is that?

[23] I do not want to get into a debate about the use of the word 'bailout', but it certainly feels as though we have been here before, and you have told us that there will not be additional funding for the local health boards and that they have to meet their budget deadline within the budget allocated to them at the start of the year. So, it is disappointing that, once again, we are in a position where the budget allocated to the local health boards has not been enough for them to meet the demands placed on their services.

[24] I want to ask a question about what you say in your statement about project slippage on capital expenditure, because capital expenditure in the NHS is hugely important, not just in providing new facilities for the NHS, but also in that capital projects provide an economic boost at this difficult time. Can you tell me, therefore, why there is project slippage and why it is not a priority for local health boards and for you to ensure that that capital work is happening? I did not want to mention Tregaron again—

[25] **Lesley Griffiths:** I agree. [*Laughter.*]

[26] **Elin Jones:** I will have to mention it because there is a local authority and a local health board out there in west Wales that have been waiting six months for the go-ahead from this Government to move a capital project on to the building stage, and it is still not able to get the go-ahead from this Government. I am afraid, from what I see here before me, that there could well be deliberate slippage here, and that it is being orchestrated by the Welsh Government not giving the go-ahead to capital projects in order to gather up the money for the running costs of the NHS.

9.45 a.m.

[27] **Lesley Griffiths:** I am very sorry that you are disappointed by the announcement of an extra £82 million for the NHS. I do not think that your disappointment will be shared by the NHS in Wales. To go back to bailouts, to me, a bailout was the unaccountable money that was given to health boards at the end of every financial year. I have moved away from that. This is the second year in which I have been determined that would not happen. This is their money and we have given it at a point that is nowhere near the end of the year. We are eight or nine months into this financial year.

[28] In relation to the projects, I am very happy to share with Members the list of capital programmes where there has been project slippage, if that would be helpful. There are a variety of reasons for project slippage. Health boards have to think about their capital in relation to reconfiguration plans. I will have capital looked at as a whole as we really need to have a look at it. I have made my views very clear that we need to look at the primary care estate now and we need to focus on that as we go through the service reconfiguration.

[29] In relation to Cylch Caron, as I said, I brought my briefing with me. As you are aware, it is with officials at present. I can assure you that it is not being orchestrated on purpose by the Welsh Government. Officials are looking at it at the moment and, as you mentioned, it involves the local authority as well, and it is important that everyone's commitment to the scheme has been positively signalled. We are looking at that very carefully.

[30] **Elin Jones:** It would be great if we could have the breakdown of the £32 million of project slippage in relation to capital funding. I am not disappointed that there is extra money for the NHS; I am disappointed that we are in the position of having to look at this mid-year, rather than being in a position where you can provide a steady, stable budget for the NHS at the start of the financial year for it to plan services accordingly.

[31] You did not answer the question I asked about the contingency reserve for next year.

[32] **Lesley Griffiths:** I am sorry; I did not. Of course, I will have a contingency fund for next year.

[33] **Elin Jones:** Next year, will it be for unexpected allocations that are required for service reconfiguration or will it, once again, be for the running costs of the NHS?

[34] **Lesley Griffiths:** It will be for whatever reasons we feel we need to have it. You have to have a contingency fund. It is only prudent to have a contingency fund. You have to look at it to make sure that you can respond to risks and to demand.

[35] **Mr Sissling:** The contingency fund will be used to enable service developments. The money that is now being allocated to the service is not just to cover financial issues, as it will be used to support changes in scheduled care systems and new models of care, because we know that the answer to the financial challenges is to introduce better, more efficient and more resource-assisted models of care. So, it is important to say that this money will be used not just by the accountants, but by the clinicians to make sure that we have better services in the NHS in Wales.

[36] **Lesley Griffiths:** I gave £10 million in the summer to unscheduled care. That was not referred to as a bailout. What is the difference?

[37] **Kirsty Williams:** I think it might be helpful if we could have a greater understanding of exactly how the money is to be used. If we are going to have to spend the next six months arguing over semantics regarding whether it is a bailout, brokerage, service development or whatever it is for, it would be useful to be able to see how the £82 million is divided between individual health boards and service development, so that we can see that that investment has been worth while and has achieved what you believe it will achieve. I am particularly interested to know what the division is between individual health boards. I do not know whether you are in a position to tell us that this morning, but it would be very helpful.

[38] You said that it is not a bailout, but is this considered to be brokerage? You were very clear when you were last before the committee that certain local health boards would not be entitled to additional funding this year. So, I would be grateful to know whether all health boards are affected by this or whether those you said would not have any more money are getting new money. Is the ambulance trust also included in this? If not, how will you manage the arrangements, because obviously there is pressure on that service as well as pressure on hospitals?

[39] I can see that raiding the capital budget is an easier way of topping up your contingency fund, but, as you have just said, capital expenditure can release cost savings on a

revenue basis. I would be grateful to understand whether you have satisfied yourself that whatever capital you are taking out and putting into the revenue budget, you are not missing opportunities to save revenue. As regards our constituencies, Elin has Tregaron Hospital, and I have Llandrindod Wells County War Memorial Hospital; £5 million in Llandrindod Wells would help the local health board to save a lot of money by treating people closer to home, and therefore perhaps we would not be in a position next year of having to give extra money to Powys LHB. I would be interested to learn how you have satisfied yourself that you are not impacting on that. Capital in the NHS is not just about bricks and mortar; it is also about CT scanners and other equipment that we use in our hospitals to address some of the waiting-time issues that we have. We know that we have big problems with cancer waiting times, so I would be very grateful to learn that we are not denuding machinery and technology that we need to go forward. I would like to see a breakdown of who is getting what.

[40] **Mr Sissling:** Hywel Dda LHB is getting £8 million.

[41] **Lesley Griffiths:** I am sorry; I will let David give the figures.

[42] **Mr Sissling:** Cardiff and Vale LHB is getting £25 million; Betsi Cadwaladr LHB is getting £15 million; Cwm Taf LHB is getting £10 million; Aneurin Bevan LHB is getting £10 million; Abertawe Bro Morgannwg LHB is getting £10 million; Hywel Dda LHB is getting £8 million; and Powys LHB is getting £4 million. As you know, decisions were made a number of weeks ago by the health boards to put the ambulance service on a firm footing; I cannot remember the exact figures, but it was £2 million to £3 million as part of that. A decision was taken to take the ambulance service through to the end of the year with an understanding of the pressure that it was facing. So, the ambulance service has already been provided for through the decision that the health boards took at that point.

[43] **Lesley Griffiths:** Yes, and it is not brokerage.

[44] **Kirsty Williams:** So, will the boards that did not have brokerage last year be in a position to have brokerage at the end of this year, despite this money coming in?

[45] **Lesley Griffiths:** Yes.

[46] **Kirsty Williams:** So, this money comes in now and there may be brokerage at the end of the year for certain health boards.

[47] **Lesley Griffiths:** I would not expect them to ask for brokerage, but we said that that facility was available for the three health boards that did not have it last year, so we would have to stick with that. However, I do not expect them to ask for that.

[48] In relation to capital, there was no equipment on the list. David, do you want to say a bit more about capital?

[49] **Mr Sissling:** The capital position is that we monitor capital expenditure from month 1 in terms of health boards giving us returns on the progress that they are making on turning the nominal capital allocations into applied capital. At a very early point this year, it became clear from their returns that there was a prospect of underspend in some areas, in the context of an overall capital programme of £250 million. There was no forced or encouraged slippage in that; I reassure you that there was not, in any sense, pressure on or encouragement for health boards to underspend capital. It happened, and we would have had to return the capital anyway. These underspends on capital were in-year and were developing underspends that we identified.

[50] Much of the equipment is purchased through discretionary capital given to the health

boards. They have an ability and discretion to spend that locally, and that has not been affected by this. So, there has been no pressure on health boards, and your points are absolutely spot-on. We know that capital, at times, can unlock the door to better efficiency and better revenue, and we will pursue those. However, part of the review and part of the recommendation is that a capital programme that was cast in 2007, 2008 or 2009 now needs to be refreshed and updated for 2013, 2014 and 2015. So, we need to make sure that our capital programme is fit-for-purpose and futureproofed against the challenges of the next few years. So, for issues such as an ageing demography, we have to ask whether we have a capital programme that is intelligently responding. I suspect that the answer is 'possibly, but we're not certain'. So, we need to rapidly make sure that we have a capital programme that can act in a way that means that the capital is working for us in the best possible way.

[51] **Lesley Griffiths:** I was just going to say what David said, because what the mid-year review has also done is indicate that there is a requirement to reconsider and potentially reshape the entire capital programme. So, it is something that we will have to look at closely. We will review that and will hopefully be able to make an announcement in the spring.

[52] **Mark Drakeford:** Darren has one brief follow-up question, and then, as a result of some of the answers that we have had, I will ask Vaughan for one final question on the statement that you have issued today, Minister. Then I will go to Mick to move us on to some new areas for questioning.

[53] **Darren Millar:** I have two points of clarification, if I may. You have given the breakdown of what each local health board will get. When you appeared before the Public Accounts Committee recently, Mr Sissling, you said that the 'most likely' position in the auditor general's paper was about right. Some local health boards indicated that their most likely position was going to be to break even—Aneurin Bevan LHB, for example—yet you are giving that LHB £10 million. Abertawe Bro Morgannwg LHB needed more, but you are giving it less. Betsi Cadwaladr LHB yesterday told us that it was likely to need around £24 million, which means the allocation you have given it is £9 million short. Cardiff and Vale LHB is up to £37 million, and Cwm Taf LHB is bang on £10 million. Hywel Dda LHB needed just over £3 million, yet you are giving it £8 million. It does not appear to me to be a very scientific allocation. Perhaps you can explain a little more about the science behind the allocations. I noticed as well that you said there would be a contingency fund next year. Does that not give a mixed message to health boards about the possibility of more cash at the end of the year again next year, in terms of a bailout? Can you tell us the value of that contingency fund that you have set aside?

[54] **Mr Sissling:** I am very happy to answer that. The information that you heard yesterday, just to be clear, and having checked it, was that Betsi Cadwaladr LHB said that the worst-case shortfall was £24 million, the most likely was £19 million, and there was a range below that. We have to take a view about a position that will provide it with the necessary stretch. It is important that the money is working properly and, in that particular case, we have taken a view, through discussion with the LHB, that £15 million is an appropriate amount to allow it to maintain quality and deliver on its statutory duties. So, it is that kind of discussion.

[55] On Cardiff and Vale LHB, its position has developed during the year, and I think that the chief executive and the interim director of finance yesterday gave a very helpful account of how they are on a journey of actually gathering financial discipline within the organisation. The £37 million was a position they inherited and which represented a gap, or a pressure; it has now been brought down to a level where we believe—again, after very detailed discussions—that £25 million is needed, and we have done that. We have looked at the risk. One of the issues that does come through, and which we need to make sure is better next year, is the consistency of forecasting. That is why we need to sit down with them. If we had just taken the numbers in their documents and spreadsheets, we would probably have ended up

making some judgments that we might have come to regret. That is why we sat down and said, 'You might be saying this, but what is the actual picture? We want to know exactly what the risks are'. In some cases, we took a view that the forecasts were absolutely spot-on, and in some cases we took a view that the forecast was a bit optimistic or pessimistic. We need to get this right. That is why we have formed a view, be that on the basis of science or the application of some good judgment, good interaction or some analysis of the position—an empirical base. So, we formulate a view on which we construct a solution that will take every health board to the right place and maintain and improve quality.

[56] **Lesley Griffiths:** In relation to contingency, I assume—I do not know—that other Ministers have contingency funds. I cannot imagine running a £6.3 billion budget over a year and not having a contingency fund. It is a complete anathema to me that you would not have that. So, yes, there will be one for next year. This is not an end-of-year bailout because, as I said, we are just going to into month 9, and this was a mid-year review that threw up certain risks that I think I have managed prudently.

[57] **Mark Drakeford:** The very last question on this topic is from Vaughan.

[58] **Vaughan Gething:** I want to move across from some of the elements in your statement to the paper that you provided us with. At the end of your statement, you talk about how the money can be used to enable and continue the accelerated progress of your policy directives. I am especially interested in the point that you make about the inverse care law, as I see it, in trying to tackle health inequalities.

10.00 a.m.

[59] You talk about groundbreaking initiatives to address health inequalities, and you refer to two health boards in particular. That reads across to section 20 of the paper that you provided to us. You talk there about developing models to benefit local communities and accelerate progress in developing integrated healthcare. There are high concentrations of poor health in those areas. I am interested in having some more detail on where those particular areas are. I know that you have talked about two health boards. I am interested in how many areas have been chosen as areas in which this work will be undertaken. I am also interested in how those areas were chosen. Were they chosen by the health boards, and so are you supporting work that they are already doing, or did the Government ask the health boards to look at this and to pilot areas? I am also interested in outcomes. In your statement, you refer to testing and evaluating the arrangements, which leads me to ask how and when you will be able to test and evaluate this, what outcomes have been achieved, and how you would expect those projects, if they are successful, to be rolled out on a wider basis. This is not just about the two health boards mentioned in your paper. There are significant health inequalities across the board. In my own constituency and in pretty much every health board area, you can point to real and lasting health inequalities. I am interested in how the money that you have announced will progress that work, and how that feeds into the broader agenda that you talk about in the paper that you provided for normal scrutiny.

[60] **Lesley Griffiths:** We are currently working up the detail around the pilot schemes. You mentioned that there are two pilot schemes, and they are in the Aneurin Bevan and Cwm Taf local health board areas. You are quite right that I can point to such areas in my own constituency, as I am sure every Assembly Member can. This was conducted around areas of deprivation. Officials spoke to the health boards, and the plan is that we will put in salaried GPs. As I said, the detail is being worked out. I would think that we will be in a position very early in the new year, probably in January, to make a specific announcement about this.

[61] **Ms Sissling:** It is really exciting stuff. It is the development of community-based resources, such as general practitioners and other clinicians, who can, with a risk-based

approach, understand those parts of the community that require more anticipatory care and be in a position to have the resources to deploy that care. Regarding evaluations, it will avoid hospital admissions and the more acute responses. It is fantastic that we are in a position to take this forward. It will improve public health and health status, and it will represent a real shift in the way that care is delivered.

[62] **Lesley Griffiths:** One of the outcomes that I certainly want to see delivered is a reduction in hospital admissions, particularly among the older age group, as we know that those admissions are more expensive and more complex. If patients have a complex care package when they go into hospital, that package stops and it is then very difficult to get them out again. As part of one of my first visits as Minister, I was taken from one end of the Cwm Taf area to the other, because, as someone from north Wales, I did not know the area very well. It was very much as I had imagined the Valleys to be—the houses, for instance. I remember seeing an elderly person trying to get into their house and thinking that, if they broke their leg, they would have a lot of difficulty going home and getting back into their house. That was one of the things that we looked at in Cwm Taf.

[63] You are right, Vaughan: the trouble with pilot schemes is that you fund them and then you decide that you want to roll them out across Wales, but you wonder how you will be able to afford that. Obviously, we will have to look at the evaluations and the outcomes, and then take that step.

[64] **Vaughan Gething:** I have one follow-up question on this, which leaks into another element of your paper. It is about integrated care. You talked about community-based care and getting GPs to work together. Of course, they do not work in isolation. You were talking about care packages, a number of which will be supported by local government social services. With the pilot schemes that you talked about wanting to roll out, I imagine that some of that discussion is not about money, but about working practices. Are they going to involve and pull in other care services? This is not just about how the health budget is spent. It is also a question of whether you can produce a pilot that shows other services—social services and the third sector—working with the health service to deliver what we all hope will be improved outcomes.

[65] **Lesley Griffiths:** You are absolutely right. The Deputy Minister for Children and Social Services is doing a huge amount of work around sustainable social services. We have the Bill coming forward at the end of January. She has some very radical plans. We have to get this right, and I do not think that we have got it right at the moment. We all have to recognise that there are issues around this. I referred to the example of a very complex care package—or, indeed, any care package—just ending when someone goes into hospital. It is very difficult to get that package back for people. We need a very large step change in integrating services, particularly for frail and elderly people. We will address that in the social services Bill.

[66] **Dr Jones:** The implication of your question—and I entirely agree with it—is that this needs to be core business throughout the whole NHS in Wales, and it is not really an issue just for two areas, because these inequalities are everywhere. In that context, it is worth letting you know that we are in the process of developing a local integrated care plan for publication in the spring, which will be about increasing the pace of implementation, of setting the direction, and of the development of locality networks. Like our other plans, that will be based on population outcomes, on understanding what the population need is, and then aligning the services to meet those population needs. So, work is being developed across the whole of the NHS to tackle the inverse care law.

[67] **Mark Drakeford:** We are over halfway through the time that we have with you, and there are a lot of topics that Members will want to raise, so I appeal to Members for focused

questions, and I appeal to you for focused answers, to make sure that we get through as much as we can in the next half hour. Mick, Lindsay and then Lynne will ask the next questions, and then we will go to our next round after that.

[68] **Mick Antoniw:** Minister, I am very grateful for the detailed written report that you have given us on your various areas of work. One area that particularly concerns me arises right at the end of your report, which has not been given the weight that perhaps it should have been given, and that is the review of the balance of competences between the UK and the EU. There are particular constitutional issues of concern that I have, but there is a very clear duty to obtain the views of the Welsh Government within those reviews. There are one or two pieces that I will want to explore in a minute, but could you explain exactly what is going on and what your involvement is within that review at the moment?

[69] **Lesley Griffiths:** Yes. Obviously, the process has only just begun. It is a UK Government initiative, so it is driving it forward. As a Government, we are very supportive of membership of the European Union, and we think that it provides an opportunity to improve its working. It is officials from the Permanent Secretary's office who are dealing with the UK Government, but officials from my department are also working alongside officials in the Department of Health at Westminster, and they are leading on that health review. Last week, there was a public call for evidence, and that is open until 28 February. That is, basically, the first step. It is a process that has only just started, but we need to very pragmatic and make sure that we feed into that.

[70] **Mick Antoniw:** That is what I wanted to explore a little further with you, because, as part of that process, there are a number of seminars and focused discussions on aspects that directly affect health. One is in the spring of 2013, which is to do with the internal market aspects within the EU and social employment, particularly the working time directive, employment legislation and so on. It seems to me that part of this agenda is more related to what is happening in England with the privatisation of the health service and the fragmentation of it. However, you will be aware of serious issues that have arisen in the south-west of England in the health service, with attempts to introduce things such as regional pay and changes to terms and conditions. I accept that the UK Government is the body that is officially responsible, because that aspect is not devolved, but, as part of your feed-in to that and our interests, can you tell me the Welsh Government's position on that and what you intend to feed in to those aspects of the discussion, particularly on the impact on the internal market and the terms and conditions of people who work in the health service?

[71] **Lesley Griffiths:** You will be aware that we, as a Government, are totally opposed to regional pay and to the privatisation of the health service. That is why it is important that officials should be engaged very early on in the process, and that is what is being done at the moment. Do we know who the lead official is? I am told that it is probably Chris Riley, but it would probably be better if I sent a note to you about that, because, as I say, the process has only just started. There has just been a call for evidence, but I want to assure Members that my officials are engaged now and will continue to be so.

[72] **Mark Drakeford:** In the fourth Assembly it is for subject committees to take an interest in the European dimension of their remit. Given that health is in the first tranche of the review of competencies, I am sure that we, as a committee, will want to at least keep in touch with the way that that develops. So, a paper or a note would be very helpful, thank you.

[73] **Lindsay Whittle:** We can have all the brand-new hospitals in the world in Wales, but if we do not have the specialist doctors to staff them, they are just very nice buildings, thanks very much. I should not mention Ysbyty Ystrad Fawr, but doctors seem to be quite scarce there, and so it is worth mentioning because there is a lot of criticism of that new hospital. How is your recruitment campaign going to get specialist doctors here in Wales? I know that

you launched it in April. I think that I have asked you before but, to be honest, I cannot recall your answer, so have you considered offering golden hellos? How is the recruitment programme affecting general practitioners in particular, perhaps in some of our Valleys communities, but also in other areas of Wales, I am sure?

[74] Secondly, I know that this is only minutiae, but I attended an event here yesterday with an organisation that I think was called MedServe. I know that Dr Jones was there. It was an absolutely amazing scheme of volunteer doctors who attend serious stabbings, car crashes and major incidents. The Ely road traffic incident was one where several of them just left what they were doing and went to assist. They were telling me, 'Please extend this scheme throughout Wales. It is saving lives'.

[75] **Lesley Griffiths:** I would be the first to say that the health service is not about buildings; it is about services and the staff who provide those services for the people of Wales. We launched the recruitment campaign in February, I think, and I will do a recap next February, at the end of 12 months.

[76] The current vacancy in Wales, as of September, was actually 3.2%, so it has remained fairly constant. The difficulty is that we have difficulties with recruitment in three areas: psychiatry, accident and emergency, and paediatrics. Obviously, the paediatrics is the knock-on to neonatology, and certain other areas. I was looking at the number of vacancies that have been filled and saw that 95% of all medical and dental posts are currently filled. This reflects the work of the campaign and the work that the organisation itself and the health boards have put in. We must now focus on those areas where we have that shortage, namely paediatrics, accident and emergency, and psychiatry. When I look at the outcomes and the evaluation of the campaign next February, that is one thing that I will be looking at.

[77] **Lindsay Whittle:** What about the golden hellos?

[78] **Lesley Griffiths:** Sorry. I did consider it, but I do not think that it is the way forward. Do you wish to speak about MedServe, Chris?

[79] **Lindsay Whittle:** MedServe is excellent.

[80] **Dr Jones:** I will just add a comment about the medical recruitment issue and vacancies. Clearly, young doctors now are very well connected through social media, which means that they talk to each other quite a lot. Basically, they will go where they get the best training experience. The answer, really, to filling gaps in services is for us to improve our training experience in Wales. We know that, in some of the smaller services, again, where there are smaller rotas and gaps on rotas, that training experience is not as good as it could be and does not compare with some of the bigger services, with more sub-specialisation elsewhere. So, we do need to make services more attractive to trainees. That is fundamentally the issue that I would suggest.

[81] MedServe was very impressive. It is a charity that was set up in Glamorgan by the general practitioners of their own volition. It clearly adds a great deal to the critical care environment around Wales, so it would be great to see it develop across Wales. We are considering, in some detail, unscheduled care services in the round and whether there is a place for some sort of critical care outreach facility over and above what we have now through the ambulance services trust. It would be very good to see that charity grow and spread across Wales. However, it is something for them to lead, with our support, rather than for us to impose on them.

[82] **Lesley Griffiths:** I am sorry; Lindsay asked me about general practitioners, but I did not respond. We do not appear to have an issue with the shortage of general practitioners at

the moment. I spoke with the general practitioners committee last week about it—

[83] **Lindsay Whittle:** It is going down the line, though, is it not?

[84] **Lesley Griffiths:** The difficulty is that we have a lot of GPs who are 55 and over and will obviously be looking to retire. It is something that I have been taking up with the GPC and the British Medical Association, and they are looking at it. I think that it is important.

10.15 a.m.

[85] I had a discussion with a general practitioner who chose to retire at the age of 55 and he said that he could, perhaps, have gone to work part time, but that was not something that was considered or offered. So, I have asked the general practitioners committee and the BMA to look at that, to see if that is something on which they can have a discussion with general practitioners as they approach that age. They could look at doing part-time work, perhaps, rather than just finishing completely and losing all those skills.

[86] **Rebecca Evans:** The Royal College of Physicians has said that, in Wales, we have gaps in the rotas that we could have filled with overseas doctors, but that that option is no longer available to us, because of the changes in immigration rules. That is very much borne out in discussions that I have had during visits to hospitals within my region, where I hear that they could fill vacancies easily and quickly if they were allowed to recruit from India, particularly. What discussions are you having with the UK Government, and what representations are you making on behalf of Wales to the UK Government, with regard to its immigration rules?

[87] **Lesley Griffiths:** That is in interesting point. The previous Minister, whose name has just escaped me—

[88] **Elin Jones:** Edwina Hart. [*Laughter*.]

[89] **Lesley Griffiths:** No, the previous UK Minister—

[90] **Kirsty Williams:** Andrew Lansley.

[91] **Darren Millar:** Damian Green.

[92] **Lesley Griffiths:** The Minister responsible for immigration refused to see me. I pursued it vigorously, to try to get a meeting with him, but he refused to meet me. I have asked the new Minister for a meeting, because it is important that we try to get round these difficulties. Unfortunately, he has also refused to meet me, so I have written back to say that I feel that it would be good not just to have conversations between officials—obviously, those conversations are going on—but at a ministerial level, to see what we can do. Within the recruitment campaign, we are looking overseas. It is an issue that has been raised with me when I visit hospitals and other healthcare settings. Believe me, I will continue to try to get a meeting with the Minister.

[93] **Lynne Neagle:** I want to ask about the ambulance service. You have recently published details of the review, but those of us who have been Assembly Members for a long time have seen a number of reviews over the years, which have not delivered the kind of change that we want to see in the ambulance service. What assurances can you give the committee that this review is finally going to deliver the kind of sustainable, long-term improvement that we want to see in the ambulance service? Related to that, I see that the review is due to start its work in January, so it will not complete its work until after the period when we might see winter pressures and problems with bad weather. What arrangements are

you putting into place to see that the existing problems are not exacerbated by any of those things in the coming months?

[94] **Lesley Griffiths:** I know that there have been previous reviews, but this is my first review and I thought that the time was right to have a ministerial review. You will be aware that Professor Siobhan McClelland is chairing the review and she is hoping to start very early in the new year. It will be a very short and sharp review, lasting about 10 weeks, but as you say, it will be taking place over the winter.

[95] I have concerns about performance, because the target was being met and then it was not; we need to find out why. However, it needs to be set in context. The majority of patients are reached by an ambulance within target time. The service receives about 34,000 calls per month and we are taking lots of steps to try to make sure that people do not use ambulances inappropriately—for instance, the Choose Well campaign is one. Every time an ambulance is used inappropriately, it costs £249. We want ambulances to respond on time and I want them to be able to respond within eight minutes everywhere, not just in urban areas, but in rural areas as well. I know that there are difficulties with rural areas, and we need to work very closely with health boards and with the Welsh Ambulance Services NHS Trust to ensure that there is an equitable level of ambulance provision right across Wales.

[96] I expect the ambulance service to continue to work with health boards and other partners to try to reduce conveyance rates to hospital, and that is something that we need to look at within the review as well. I have made my expectations very clear. I asked for the review so as to assure me that we are supporting the ambulance service. It does fantastic work and has to have that support. I know that there were issues around finance, but its budget was set at the beginning of the financial year; there were issues relating to the extra funding that I announced for unscheduled care.

[97] **Lynne Neagle:** What about the winter pressures?

[98] **Lesley Griffiths:** Again, that is currently being looked at in terms of finances. We were assured by health boards that they are supporting the ambulance service.

[99] **Mr Sissling:** I had a long discussion yesterday with the chief executive of the ambulance service and he picked up in particular the point about preparedness and resilience for the next few weeks. Our conversation reassured me that they have now addressed some of the capacity issues that had affected their performance in October and November. They now have a much more secure capacity in place and very detailed plans, as part of their preparation for winter, which allow for escalation and a response to spikes in demand.

[100] I was also reassured to hear of much improved working at the front doors, because this is not just about the ambulance service, but also about the relationship between the boards and the ambulance service at the point of discharge from the ambulance and acceptance into accident and emergency departments. There have been very important improvements on the whole throughout Wales, but there are still one or two hotspots. However, plans are in place and they are cognisant of the anticipated pressures and the demand on the service. The ambulance service, with the health boards, has very robust plans.

[101] **Lesley Griffiths:** We will expect to see improvement, following the additional £10 million that was allocated for unscheduled care in the summer. Things are monitored daily. There are daily telephone calls between my officials, the health boards and the ambulance trust to ensure, as David said, that we can highlight any specific areas of concern.

[102] **Lynne Neagle:** Could I ask David Sissling, in your discussions with the ambulance service, and looking at my own constituency of Torfaen, where its performance has been

consistently problematic for a long time now, have you focused on what particular steps it will take in areas where there are more serious problems like that?

[103] **Mr Sissling:** Not to the point of discussing area by area, but in general terms, there is a need to build performance up in those areas that have the biggest problems. So, we need to ensure as much as possible that there are equitable and robust services throughout Wales; we do not simply want the good to get slightly better. We need to ensure that those in the position of most challenge also receive the most attention.

[104] **Mark Drakeford:** I will go to William Graham next and, just so that people know, in the brief time that we have left, and in recognising that we spent a lot of time on the statement that we saw this morning, I will use the rest of the time to allow opposition party spokespeople to put one more question each to you, Minister, on another topic. I will appeal to Members for one question and one follow-up and not one question with five parts. I think that we will then get through everyone and I apologise to other colleagues who have not perhaps had their normal share of questions.

[105] **William Graham:** On the mental health strategy, could you expand on the single strategy that you think should apply across all age groups?

[106] **Lesley Griffiths:** I launched 'Together for Mental Health' and you will have heard me say that it is one of the best strategies that I have seen, since I have been an Assembly Member and not just a Minister. The reason for that is because, for the first time, it includes wellbeing, so it is not just about people who have mental health problems, but also about prevention aspects. It is an excellent strategy because of the input of service users; they had a huge input. From talking to third sector organisations like Gofal and Hafal, I know that they feel that it is a better strategy because we liaised with them so much and because they had so much input into it.

[107] You will be aware that it is a 10-year strategy and alongside it is the first three-year delivery plan. The fact that we brought the all-age strategy together is also useful, because one criticism that I heard when I first became Minister was about the transition from child and adolescent mental health services to adult services—there was a gap. This strategy will address that.

[108] **William Graham:** Thank you for your answer, Minister. Could you say, because it is so new, how you will measure its outcomes and how frequently you will do so?

[109] **Lesley Griffiths:** We will look at the outcomes. It is driven by six high-level outcomes, which are broken down into 16 specific outcomes that all have related key actions. As I say, the first three-year delivery plan goes alongside that. To measure it, we will use a mix of qualitative and quantitative data. Some of those data already exist, but I think that they would be complemented by the mental health core data set, as well as incorporating work that is coming back to us from service users.

[110] **Mick Antoniw:** Minister, you make reference in your report to the specific provision for armed forces personnel with regard to post-traumatic stress disorder. How you are going to measure the success of that? Also, how are you going to measure the success within the strategy of other services—police, fire and ambulance in particular—that are exposed to very similar, regular traumatic experiences? How might you measure the success of the strategy with regard to those sectors that seem to be, to some extent, downplayed?

[111] **Lesley Griffiths:** I think that I will have to send a note on that, Chair.

[112] **Mark Drakeford:** Thank you; you cannot answer that in 10 seconds.

[113] **Kirsty Williams:** Paragraph 7.3 of your paper talks about targets for waiting times and compliance with the 36-week target. In the programme for government, however, one way in which you measure success is performance against a 26-week wait for treatment. Could you give us an update on where you are with the 26-week data?

[114] **Mr Sissling:** The September figure quoted in the paper was just over 91%. The health boards have plans to improve that to the year end to make sure that there is an acceptable year-end position. The mid-year stocktake review was based on an appreciation of both the financial and non-financial issues. So, that was one of the issues that we looked at, both in terms of orthopaedics and non-orthopaedics, to make sure that the position, which is generally better than it was at this point last year, is one that we can build on to the year end.

[115] **Kirsty Williams:** Sorry, I am confused. In your paper, you do talk about the 91%, but that is against a 36-week target. The Government's programme for government says that, on improving access and patient experience, performance is against a 26-week target. So, you are reporting in your paper on 36 weeks, but the Government says that it wants to be judged by 26 weeks. Some clarity over how long patients should be waiting would be helpful.

[116] **Mr Sissling:** Sorry, the paper is perhaps not as clear as it should be. The 95% target is for 26 weeks. We are at just over 91% and we will be improving to the year end. The target for 36 weeks is that we should not have any. So, the 3,201 is against the target of none over 36 weeks, which, as I said, is better than it was at this point last year. We will now give extra compulsion to the plans through the injection of funding, to make sure that we improve at the year end.

[117] **Kirsty Williams:** Did Powys Teaching Local Health Board seek clearance from you about its policy of only treating people between 34 and 36 weeks? Did it get clearance from your department?

[118] **Mr Sissling:** No.

[119] **Kirsty Williams:** It did not.

[120] **Elin Jones:** I want to ask you about the national clinical forum. The workings have been slightly different to how I thought that it would work. It has been more of an interactive process, rather than providing a clear independent national overview of health service plans. If we can think about its role in the context of consultations that have now closed in Hywel Dda and Betsi Cadwaladr health boards, it has provided views into those consultations. Is its role on the Hywel Dda and Betsi Cadwaladr plans now over, or will it be providing advice to you, Minister, on a national level if you need to take decisions, ultimately, on those two plans, and further down the line on the other plan?

[121] **Lesley Griffiths:** The national clinical forum is wholly owned by the NHS, so it is appointed by the chief executives. They are having an ongoing conversation with Betsi Cadwaladr and Hywel Dda. I know that there was a lot of noise around that, but it is completely inappropriate for me or for officials to comment. Dr Chris Jones is one of my observers on the panel. When all the reports and the plans come to me at the end, and I am looking at the whole-Wales picture, I will want a panel of people. There will have to be an independent contribution, but I will be looking to my chief medical officer, Dr Ruth Hussey, to bring everything together. She will be the person advising me, because I have to look at the whole picture. The final plan will, of course, rest with me, and I will have to look at the whole-Wales picture.

10.30 a.m.

[122] **Elin Jones:** To clarify, you established the national clinical forum, so is it not the national clinical forum that will provide the final advice to you on the health board reconfiguration plans, rather than your setting up another body led by Dr Hussey?

[123] **Lesley Griffiths:** No, the national clinical forum was set up by the NHS. I advised that I thought it was desirable to have a panel of impartial eminent clinicians to advise the health boards. However, ultimately, when all the plans come to me—and I have to look at the whole of Wales to make sure that all those plans fit together—I will need advice and Dr Hussey, as the chief medical officer, will be responsible for that.

[124] **Elin Jones:** So—

[125] **Mark Drakeford:** Sorry, Elin, but we must move on. Darren is next.

[126] **Darren Millar:** Just to pick up on that point, that is not what the Minister said in her statement to the Assembly. She said that she had established the national clinical forum. However, it is the season of goodwill, so I will ask a nice positive question, if I can. [*Laughter*.]

[127] Minister, I was very pleased to hear the First Minister, in response to questions to him in the Chamber a few weeks ago, making reference to a modern treatments fund of some sort that might be established in order to improve access to modern technology and, potentially, modern drugs across a range of conditions. Can you tell us a bit more about that and say how much you are considering allocating to that and when it might become available?

[128] **Lesley Griffiths:** Yes, I think that this came up in discussions with the Welsh Liberal Democrats during budget negotiations. It is something that Kirsty and I have spoken about before. We will be looking at technologies. Some £8 million will be put aside. I would like to look at something straight away. For example, I have a business case in with me at the moment to provide stereotactic radiography. I would hope that that is something that we could sort out straight away in the new year. However, we need to look at all technologies, including CyberKnife et cetera; it all needs to be looked at. I would like some sort of advisory group. Just as I have the all-Wales medicines strategy group, I think it would be good to have something alongside that to look at new technologies also.

[129] **Darren Millar:** Or perhaps you could look at extending the remit of the existing group.

[130] **Lesley Griffiths:** Yes, we could look at extending the remit of that.

[131] **Darren Millar:** I know that we are up against the clock. What proportion of the fund will be used for modern medicines? It is going to be for medicines as well as technologies, is it not?

[132] **Lesley Griffiths:** It is more to do with technologies. I have NICE guidelines and the all-Wales medicines strategy group for drugs. This is more about looking at new technologies.

[133] **Darren Millar:** Okay, it is just that I am sure that I have seen in an answer to a written question that it would also include access to drugs.

[134] **Lesley Griffiths:** However, it is only £8 million, so I have to look at everything within that. As I said, I would like to get going straight away in the new year.

[135] **Darren Millar:** May I also wish you a merry Christmas?

[136] **Lesley Griffiths:** Thank you. He is lulling me into a false sense of security. [*Laughter*.]

[137] **Lindsay Whittle:** Be grateful that there is no mistletoe. [*Laughter*.]

[138] **Mark Drakeford:** Yes, indeed.

[139] **Lesley Griffiths:** That would be a step too far.

[140] **Mark Drakeford:** Minister, I want to reiterate what I said a little while ago, which is that the committee is grateful for the fact that you published the statement when you did to allow us this opportunity to ask you questions.

[141] **Lesley Griffiths:** I brought some copies with me as well, but I ensured that the spokespeople had the statement earlier.

[142] **Mark Drakeford:** We managed to circulate copies this morning.

[143] **Lesley Griffiths:** Good. Thank you.

[144] **Mark Drakeford:** There are two issues on which you promised you would write to us as a result of the discussions that we have had. One is the individual allocations. I know that we have had those read out, but it would be useful to see those. I think that, in response to a question from Elin, you agreed to give us a list of capital projects where slippage has resulted in the sum of £32 million that you are now transferring to revenue. Separately, you agreed that you would write in response to Mick's question on the impact of post-traumatic stress on a wider range of professionals who end up being caught up in providing services in those circumstances—

[145] **Lesley Griffiths:** And the European competencies as well.

[146] **Mark Drakeford:** Thank you very much.

[147] **Lesley Griffiths:** As I said, that is at a very early stage at the moment, so that may be a bit later.

[148] **Mark Drakeford:** Absolutely. It will be helpful for us to keep an eye on that. In the end, we had to gallop past a number of points, so we may want to write to you on a number of issues after today to explore things with you further.

[149] **Lesley Griffiths:** Of course.

[150] **Mark Drakeford:** For today, thank you very much indeed for answering all our questions. I thank your officials as well.

[151] Diolch yn fawr iawn i chi i gyd. Thank you very much indeed.

10.35 a.m.

Papurau i'w Nodi
Papers to Note

[152] **Mark Drakeford:** Dim ond dau bapur sydd i'w nodi. Mae'r papur cyntaf yn **Mark Drakeford:** We have only two papers to note. The first paper provides an update on

rhoi'r wybodaeth ddiweddaraf am faterion Ewropeaidd, sy'n rhoi cyfle inni gadw mewn cysylltiad â'r hyn sy'n digwydd yn y cyd-destun Ewropeaidd. Yr ail bapur i'w nodi yw llythyr gan y Gweinidog Iechyd a Gwasanaethau Cymdeithasol a'r Dirprwy Weinidog ar ôl y cyfarfod a gawsom gyda hwy yn ôl ym mis Hydref.

European issues, which provides us with an opportunity to keep up to date with what is going on in the European context. The second paper to note is a letter from the Minister for Health and Social Services and the Deputy Minister after our meeting with them back in October.

[153] Rydym yn mynd i gael egwyl fer yn awr.

We will now take a short break.

Gohiriwyd y cyfarfod rhwng 10.36 a.m. a 10.45 a.m.
The meeting adjourned between 10.36 a.m. and 10.45 a.m.

Bil Gwasanaethau Cymdeithasol a Llesiant (Cymru): Ystyried Penodi Cynghorydd Arbenigol i Gynorthwyo'r Gwaith o Graffu ar y Bil
Social Services and Wellbeing (Wales) Bill: Consideration of Appointing an Expert Adviser to Assist on the Scrutiny of the Bill

[154] **Mark Drakeford:** The purpose of this session today is to consider whether we think that it is worth exploring the possibility of having some expert advice to help us in the scrutiny of the social services and wellbeing (Wales) Bill. This is an open question. If we think that having expert advice might be useful, the next step would be to ask our officials to explore who might be available and what sort of skills they would bring. We would then need to have another set of discussions to see whether any of the potential advisers are worth pursuing. So, the question for today is: do we think that expert advice would be useful in any case? I will bring Mick in first.

[155] **Mick Antoniw:** We found the assistance that we had with the residential care inquiry very helpful. The key is how focused the assistance is and what it is going to contribute. It is well worth exploring what sort of support and expertise is available and then taking a decision on the extent to which it will help us with scrutiny. Taking the first step is appropriate, I think.

[156] **Mark Drakeford:** I will now bring in Elin, and then Kirsty.

[157] **Elin Jones:** Yes, in principle, it is definitely worth pursuing this. It is a big job of work. I would think that it is important to look at the law departments at various universities that may have experts on social policy and legislation. That is an area where we could look. The legislative scrutiny side of this is important; it is not just about the policy side.

[158] **Mark Drakeford:** Kirsty will speak next, and then William.

[159] **Kirsty Williams:** I certainly would like to see some additional support for the committee. This is a massive piece of legislation. I am particularly concerned about parts of it, and I would be looking for expertise to help us on them. Given that this is consolidating legislation, we really need to ensure that we do not, inadvertently, lose provisions that are already established in law. We could find ourselves, by sheer accident, forgetting to have something included that had been a previously accrued right under current legislation. I am particularly keen to ensure that we have the expertise to look over what has already been established in law and, potentially, to look at the interaction between English and Welsh legislation. We are at a disadvantage in the sense that we are going to go first, before we see legislation coming out of Westminster. Westminster, potentially, could be repealing legislation, which could have an impact on us. Those are very complex issues, and I would be

grateful, if we are looking for expertise, to have someone who could assist with those issues.

[160] **Mark Drakeford:** That was very helpful, Kirsty. I now bring in William.

[161] **William Graham:** I agree with all that has been said—[*Inaudible.*]

[162] **Vaughan Gething:** I just wanted to go back to what Elin said—[*Inaudible.*]

Nid oes recordiad ar gael o'r cyfarfod rhwng 10.48 a.m. a 10.49 a.m.
No recording is available of the meeting between 10.48 a.m. and 10.49 a.m.

[163] **Mark Drakeford:** I think that what we have decided today is that we would like to go on to the next stage. We would like our officials to do some work on our behalf to identify people who might be able to help us in our consideration of the social services Bill. The officials will have heard some of the suggestions regarding areas where we are particularly in need of assistance. One of the things that we learned from the residential care inquiry is that you do not necessarily need to appoint a single adviser who does the whole thing for you. You can appoint people to come in to help on particular issues and purposes. So, I do not think that when we look at the list that we will necessarily ask, 'Can we find one person to do everything?'. We may think that we will want some very specific bits of help from two or three people, as we go through the different parts of it. We will do some work to generate a list. We will come back to the committee when we know the sorts of names that are available, and we will look to see if we can move to the next stage of that.

10.50 a.m.

Bil Trawsblannu Dynol (Cymru)—Cyfnod 1: Y Dull o Graffu
Human Transplantation (Wales) Bill—Stage 1: Approach to Scrutiny

[164] **Mark Drakeford:** Mae gennym bapur i'n helpu i gytuno ar rôl y pwyllgor yng nghyfnod 1.

Mark Drakeford: We have a paper to help us to agree on the role of the committee at stage 1.

[165] In the paper, there are two or three things that we need to consider, and, hopefully, agree on today. First of all, the terms of reference. We will do them one at a time. This is paper 5 in the bundle that you have for today. You see that is sets out the role of the committee, our general approach to scrutiny, what we have previously agreed in relation to this, and terms of reference that are outlined in paragraph 9 of that paper. Would anybody like to make any suggestions? Kirsty, are you happy with the terms of reference?

[166] **Kirsty Williams:** Yes. That is fine.

[167] **Mark Drakeford:** I think that they are the ones that we would have expected.

[168] **Rebecca Evans:** Do we not normally—[*Inaudible*.]

[169] **Mark Drakeford:** I think we ought to look at that. It is the same as the point that Kirsty made earlier about the social services Bill. Sometimes, things happen that you were not looking for. We need to bear that in mind, so we will add that.

[170] We have a six-week period in which to consult with people. Then, against the timetable the Business Committee has offered to us, we have a fairly tight timetable in which to complete stage 1.

[171] We will adjourn briefly while microphone problems are solved. We may be

broadcasting to parts of the world we were not intending to.

Gohiriwyd y cyfarfod rhwng 10.53 a.m. a 10.55 a.m.
The meeting adjourned between 10.53 a.m. and 10.55 a.m.

[172] **Mark Drakeford:** We are back in business as the microphone problems have been resolved. So, we are continuing to work our way through the issues that we need to resolve under item 5. Thank you for agreeing the terms of reference and the approach to scrutiny. We now need to look at the list of witnesses currently being suggested as potential providers of oral evidence. There is a long list in annex 1 of organisations and people who will be contacted for written evidence, and then there is a shorter list drawn from that longer list of witnesses that you might want to hear from in committee. Given that we have such a short period of time, we will today get committee members' suggestions, and then we will have to come back to you with a further paper looking at how we can accommodate everybody that we want to hear from in the time we have available.

[173] **Rebecca Evans:** Can we add Hafal, the National Autistic Society and Autism Cymru to the list of those that we will invite to give written evidence?

[174] **Mark Drakeford:** Yes.

[175] **Rebecca Evans:** With regard to the faith and black and minority ethnic organisations and people that we will invite for oral evidence, there is a danger that we lump together all faith groups as having the same perspective, which is not the case, because different faith groups take different views for different reasons. So, could we add Cytûn to the list? I see that we have umbrella bodies for the Muslim faith and the Jewish faith, but we do not have an umbrella body for the Christian faith on that list. So, we could add Cytûn.

[176] **Darren Millar:** I support the inclusion of some of the mental health third sector organisations—

[177] **Vaughan Gething:** Not for oral evidence.

[178] **Darren Millar:** No, not for oral evidence.

[179] **Mark Drakeford:** To clarify, the list of oral evidence possibilities currently includes the Muslim Council of Wales, the South Wales Jewish Representative Council and Inter-faith Wales. So, those are three faith organisations; we are not saying that they will all come to give oral evidence, but they might, and Rebecca wants us to add Cytûn to that list, as we do not have a Christian church, given that it has been prominent; for example, the archbishop has been prominent in the debates around this particular piece of legislation.

[180] **Darren Millar:** I support the need for more evidence from people who deal with mental health issues, given the mental health and incapacity issues identified on the face of the Bill.

[181] To refer to the written evidence list, rather than include the Archbishop of Wales on the list, we ought to say the 'Church in Wales', to establish what its specific view is, because we have the Roman Catholic Church listed, rather than a Catholic archbishop; that would be better. I also suggest that we ask Christian Action Research and Education to provide us with a paper, as I know that it has been particularly active in contacting Assembly Members.

[182] On the faith and BME groups, there is clearly a difference of opinion within each of these communities. In the Muslim community, there are some people who have theological objections to organ donation and there are some who do not, so how we will get the plurality

of views from among these organisations without having too many witnesses, if you see what I mean? Similarly with Cytûn, as an umbrella organisation, you have a difference of opinion between some Christian groups. For example, the Presbyterian Church of Wales is very supportive, while the Church in Wales—certainly its leadership—appears to be less so. So, somehow, we need to capture the range of opinion within each of the faith groups.

11.00 a.m.

[183] **Mark Drakeford:** Thank you; that is a very good point. I will think about that as we continue talking.

[184] **Elin Jones:** I was going to make exactly the same point. From the Christian perspective, especially in the case of Cytûn, a range of views will be expressed. We should almost ask the groups to reflect, through their witnesses, on variations within their umbrella body. I am not sure how possible that is with some of the other faith groups outlined here.

[185] I have another issue that I want to raise. There has been some debate about the cost of implementing the Bill, and I am not sure whether we will pick that up from many of these witnesses. The local health boards and the confederation may give us some advice on that, but, if this is raised in the written evidence in particular, should we consider inviting advice or views on the cost of implementing presumed consent?

[186] **Mark Drakeford:** Ceri Phillips is down as a potential academic.

[187] **Elin Jones:** Yes, I saw his name.

[188] **Mark Drakeford:** If we briefed him in advance, we could ask him questions on that. He may be in a position to take questions, so it is a good point.

[189] **Elin Jones:** He is not on the list of people to be brought to the committee—

[190] **Mark Drakeford:** Yes, he is. His name comes under ‘Academics’.

[191] **Elin Jones:** Where are the academics? I apologise—the list continues over the page.

[192] **Darren Millar:** I think we ought to take evidence from some of those countries that have successful soft opt-out legislation and perhaps some of those countries that have soft opt-out legislation that is not so successful, so that we can try to establish the reasons for that. We could do that via video-conferencing or written evidence. Do you see what I mean?

[193] **Mark Drakeford:** I do.

[194] **Kirsty Williams:** I hope that Professor Saunders can come. He is a very interesting individual who is highly respected among his peer group. It would be good to hear from him.

[195] **Mark Drakeford:** I want to return to the remit that we put to the umbrella organisations, particularly those in the faith sector. Our normal expectation of witnesses is that they come here and provide us with the perspective of the organisation that they represent. So, a Royal College of Nursing witness will tell us what the RCN thinks about something. Are we going to ask umbrella organisations to provide evidence of a rather different sort? So, rather than them coming to give us the Cytûn line on something, for example, we will say explicitly, ‘We know that within your membership, there are various views. So, when you come to give evidence, we expect you do explain to the committee what those different strands are and why your different constituent organisations have varying views on this topic.’ So, rather than expecting them to have just the one perspective, they

come deliberately equipped to explain to us why there is a variety of views underneath that umbrella. Is it reasonable to ask them to do that?

[196] **Darren Millar:** It is a reasonable thing to ask, but it is going to be difficult in practice for someone from an organisation who has an individual view to present both sides of an argument in a balanced way. So, I would suggest that they bring in people from opposite sides of the arguments.

[197] **Mark Drakeford:** Okay. That would make sure that their delegation reflects a range of views, rather than a single perspective.

[198] **Darren Millar:** Yes.

[199] **Vaughan Gething:** Oddly, I was going to agree with Darren; it is sensible to try to get that flavour. I notice that, on the list of organisations, we do not have any Sikh gurdwaras, and we know that there is at least one in Cardiff, and there will be others. That is an obvious omission in terms of the faith groups asked for written evidence. Looking through the list, I see the name of Taha Idris. I have nothing against Taha Idris, but rather than asking him as an individual for written evidence, are we asking Swansea Bay Race Equality Council for written evidence? We should make that clear, perhaps by not having his name highlighted. It looks as though he is an individual consultee otherwise.

[200] **Mark Drakeford:** Yes.

[201] **Vaughan Gething:** In the list of suggested witnesses for oral evidence, we do not appear to have Kidney Wales. Given its obvious prominence in campaigning for a change, it would be odd if we did not ask it to come to give oral evidence in parallel with other people. It would be an odd omission.

[202] **Mark Drakeford:** I agree. What we will do is look through the list as a whole, just in case some people are down on the list as individuals when, in fact, they are the senior person in an organisation and it is the organisation that we are hearing from. We will go through the whole list to check on that.

[203] **Darren Millar:** Just going back to international evidence, I wonder whether we can have some sort of oral evidence session on that.

[204] **Mark Drakeford:** Yes, we will look at that. We attempted, you might remember, a seminar on international evidence, which was to be organised for us by the Wales Governance Centre. It was going to bring together a number of people who have direct experience of how things are done in other countries. For a number of reasons, it was not able to find a date when people could come together. We might go back to the Wales Governance Centre and see whether it still has contacts that we could use in terms of getting evidence. We will certainly add that to the list.

[205] Is there anything else on this? I have to say one more time that this is not the last conversation that we will have on this issue, because we will now need to look at the practicalities of accommodating the range of people we want to hear from within the time slots that we have available. We will need to come back to Members, probably with some choices here and there about making the number of witnesses manageable or having to have some fairly long sessions in order to hear from everybody we want to hear from. That was very helpful. Thank you all for your suggestions there. We will come back on that.

11.07 a.m.

Bil Adennill Costau Meddygol ar gyfer Clefydau Asbestos (Cymru): Cyfnod 1—Y Dull o Graffu
Recovery of Medical Costs for Asbestos Diseases (Wales) Bill : Stage 1—Approach to Scrutiny

[206] **Mick Antoniw:** Chair, it is probably not appropriate for me to be here for this item, as I am the Member in charge of the Bill.

[207] **Mark Drakeford:** We understand.

[208] Fel rydych yn gallu gweld, mae tîm clercio newydd gennym ar gyfer yr eitem hon—y trydydd tîm rydym wedi ei weld y bore yma. Mae gennym un tîm ar gyfer y Bil gwasanaethau cymdeithasol, un arall ar gyfer y Bil trawsblannu, ac yn awr mae gennym dîm arall ar gyfer y Bil Adennill Costau Meddygol ar gyfer Clefydau Asbestos (Cymru). Yn yr un modd â'r eitem ddiwethaf, mae tri pheth gennym i'w hystyried y bore yma. As you can see, we have a new clerking team with us for this item—the third team that we have seen this morning. We have one team for the social services Bill, another team for the transplantation Bill, and now we have another team for the Recovery of Medical Costs for Asbestos Diseases (Wales) Bill. As with the previous item, we have three things to consider this morning.

[209] So, there are two or three things for us to think about this morning. Before I do that, I just need to mention one further thing to you, which is that I have received a letter from the Presiding Officer. It arrived after the papers had been distributed, but it will be circulated to all members of the committee. In the letter, the Presiding Officer makes it clear that she has certified the Bill as being within competence, but she goes on to say that there were three specific issues that she had to dwell on in coming to that decision. She invites us as a committee, as part of our Stage 1 proceedings, to explore some of those issues with relevant witnesses. What I think we are doing, if we do that, is not trying to put ourselves in the Presiding Officer's position—she has the legal authority to certify or not to certify—but collecting some additional evidence by exploring some of these issues with witnesses, which the Presiding Officer will then be able to read and reflect upon. In addition to the papers that you have this morning, you will receive a further paper, which will come from Gwyn, primarily, as our legal adviser in this, that will set out the issues that the Presiding Officer has highlighted and perhaps make some suggestions to us as to how we could explore them in the Stage 1 examination of witnesses. It may be helpful for you to identify for us those witnesses for whom those questions will be relevant, Gwyn. They will not be relevant to every witness that we see. That will then become a sort of additional running theme in our Stage 1 proceedings, which will be different from or additional to the themes that we look at in other Stage 1 considerations.

[210] **Elin Jones:** Is it reasonably straightforward for you to tell us quickly what those three areas are, or is it very detailed?

[211] **Mark Drakeford:** It will not be difficult for me to give you a very brief account of what they are. The first relates to section 15 of the Bill and whether insurance, as a topic, is included in the schedule of exceptions to Schedule 7. It is a question of whether the Assembly has competence to make legislation in relation to insurance matters. The Presiding Officer has decided that we do, in this case, but it was an issue that she considered and she wants us to consider. No doubt, some witnesses from the insurance industry will be raising that with us in any case.

[212] The second issue concerns section 17 of the Bill, because the Bill binds the Crown.

That was the relevant issue, as you will remember, in relation to the Local Government Byelaws (Wales) Bill and it also arises in this context. The Presiding Officer sets out some issues that we will need to explore in relation to that.

[213] The third issue is the whether the core provision of the Bill relates sufficiently closely to one or more subjects listed in Schedule 7. In order for the Bill to be within competence, it has to be aligned with the list of competencies that came to the Assembly in Schedule 7. The Presiding Officer has considered that and has decided that the Bill is sufficiently aligned with Schedule 7 competencies, but she rehearses the consideration that she had to go through in making that determination, and I think that she will want us to ask, for example, the Member in charge and the Minister what their views of these debates might be. Those are the three things.

[214] **Elin Jones:** It is within our remit to debate competence as part of our scrutiny process, is it?

[215] **Mark Drakeford:** That is a very important point, Elin, so thank you for raising it. I was trying to say what I think our legitimate role is. I think that it is legitimate for us to explore these issues, particularly as the Presiding Officer is asking us whether we would be willing to do so, but I do not think that we can then go on to put ourselves in her position in terms of making a different judgment to the one that she has reached. What we will be doing is compiling a body of evidence to help her in her job. So, I am happy for us to ask witnesses questions on these points, and I am happy for Members to pursue those questions with them, but I will not want us, at the very end, to sit back and ask, 'Well now, do we think that the Presiding Officer got that right?' That would not be the right thing for us to try to do. However, through our questions and the evidence that we will collect, I think that we will help the Presiding Officer in the way that she is asking us to do. We can run this question past us again as we go along, but I think it is a genuinely important thing to get right.

[216] We need to do three things today. First, as before, we have to look at the terms of reference, which are in the suggested framework in paragraph 7 of the paper provided.

[217] **Darren Millar:** Given the letter from the Presiding Officer asking us to consider those matters that she has outlined—the three points—do we need to ask a question in relation to those three points in the consultation exercise?

[218] **Mark Drakeford:** Should we have an extra item in the terms of reference that alerts potential witnesses to the fact that this is a topic that we are going to be looking at?

[219] **Mr Griffiths:** My concern would be that that might put off witnesses who are interested in the other aspects of the Bill, because they may think that this is a really complicated legal issue that they do not feel competent to comment upon. There are certain organisations that would clearly have views on these issues. It might be appropriate to ask those organisations specifically.

11.15 a.m.

[220] **Elin Jones:** If we do not alert potential witnesses to the committee in advance that these are areas that we may wish to explore, it is possible that they will come unprepared.

[221] **Mr Griffiths:** Certainly, that is right for people giving oral evidence. I was thinking more in terms of people submitting written evidence.

[222] **Darren Millar:** I just think that, given that we have been asked specifically by the Presiding Officer to consider the conclusions that she has reached—

[223] **Mark Drakeford:** I see the point.

[224] **Darren Millar:** I appreciate the point that Gwyn is making, but it is not unusual for organisations, in response to committee calls for evidence, to say that they do not have a view on this or that matter, but that they do on other matters. I therefore do not think that it is an insurmountable challenge for them to be able to respond.

[225] **Kirsty Williams:** As with a lot of potential problems, a lot of it is down to how you word the question, is it not? It is about how you word it and about making it clear to people who are not interested in the legal minutiae, but in the broader policy aims, that they can say that they do not have a view on the matter. If we word the question correctly, hopefully it will not put people off.

[226] **Darren Millar:** It could be something like, 'Do you have a view on whether this Bill falls within the competence of the Assembly?' They can either answer 'yes' or 'no', can they not?

[227] **Mark Drakeford:** I do not think it beyond us to find a form of words that draws the attention of those witnesses who will have something to say to the fact that we are likely to ask them these questions and does so in a way that does not frighten them. We will try to do that and add it to the list. Are people otherwise happy with the terms of reference as set out? I see that you are.

[228] On the approach to scrutiny, we have previously agreed the general approach, which you can see in paragraph 10. In which case, the remaining main issue for the morning is, as for the last item, to look at the long list of suggested consultees in annex 2 and then to see whether we are satisfied that we have the right organisations for oral evidence identified in annex 3.

[229] **Kirsty Williams:** What about the legal profession and the lawyers in all of this, especially personal injury lawyers? Could you explain to me why that particular set of lawyers is involved? I am trying to find out what their role will be in this legislation, because it is about the Welsh Government—or the Welsh NHS—being able to recover the costs. I am just interested in where the role of private personal injury lawyers comes into this.

[230] **Mr Griffiths:** It is because the trigger that sets off this process is that a successful claim has been made through the usual legal processes. So, they are involved at the very start of the process. The other thing is that we have examples of similar payments being made currently in relation to injuries, as opposed to diseases, and it would be useful to get technical advice on how those systems work from the people who use them day to day.

[231] **Kirsty Williams:** So, the personal injury lawyers are, potentially, the people who start off this process, are they?

[232] **Mark Drakeford:** Having listened to what Gwyn said, it strikes me that the more interesting questions to pursue with them concern their experience in that parallel world where it is already possible for the NHS to claim back money from people who have been involved in car accidents, for example, for us to learn how that works, what the strengths and weaknesses of it are, and whether we have learned from that experience in forming the proposals set out in this legislation. For me, they are more there for us to learn from their experience in relation to something else, than because they have an interesting part to play in this piece of legislation. Really, this legislation only kicks in after they have done their job. I am not saying that I am convinced by that, Kirsty: do you think that it is worth having them in to hear about their experience?

[233] **Kirsty Williams:** I am just trying to work out in my own mind what the role of that particular sector is in this legislation.

[234] **Mark Drakeford:** It is very small, I would say, in this legislation directly. However, they may have relevant experience from what they already do that would be important for us as a committee.

[235] **Kirsty Williams:** That is fine.

[236] **Elin Jones:** Should we hear from the health boards in some way, on whether there is an impact on their work in assessing, or keeping records of, the costs involved, or the stays involved, or the diagnostic work involved with potential claimants? I am asking about this, but I am not really sure whether it is an aspect of work that will involve greater work for the health boards in trying to come up with the figures or the data that justify the costs that will be recoverable, ultimately.

[237] **Mark Drakeford:** Should we ask them that question specifically in the written consultation? If the answers that come back look like ones that we ought to explore directly, we can look at that then. However, it is an important question to ask them.

[238] **Mr Griffiths:** There is another question that it is important to ask them, which is to do with where the money goes. In relation to the injury cases that I referred to earlier, the money goes to the health authorities, not to the Ministers. The decision has been taken in this Bill as introduced for that money to go to the Welsh Ministers. You may wish to consider whether they are the right recipients.

[239] **Darren Millar:** Rather than this written evidence, we should take oral evidence from them, really, should we not? We should ask them how they calculate the costs, for example. Given that we are inviting the Association of Personal Injury Lawyers in to talk about their technical expertise, we should also invite the health boards in to determine how they track the costs for car insurance claims, and so on, should we not?

[240] **Elin Jones:** There is an important issue there, is there not, in that the cost will have been incurred by a particular health board, mainly, and this goes back to the full pot of the NHS, not back to the health board area? So, that may be an area of interest for health boards.

[241] **Mark Drakeford:** That additional point strengthens the case for having somebody from the health boards to talk to us. Are there any other thoughts on the list of witnesses?

[242] **William Graham:** Looking at the list of witnesses for oral evidence, I see that we have representatives from businesses, but they do not seem to be particularly specific to those industries that used asbestos, particularly in this part of the world, such as shipbuilding, the construction industry, and the manufacture of asbestos boarding.

[243] **Mark Drakeford:** I think that there may be a little bit more work to do on the list, both in relation to the right people to hear from in industry and whether these are the right trade unions as well. I think that there may be others who may be more appropriate. If we have to make choices about who we hear from, we need to make sure that we choose the right ones, do we not? Shall we take that point and ask for a bit more thought to be given to that?

[244] **William Graham:** What we are asking for is relevant experience, is it not?

[245] **Mark Drakeford:** Yes. We talked just before the meeting about whether the Federation of Small Businesses would really have anything that it wants to say to us on this

topic. However, there may be others who do, so we will do that.

[246] It has been put to me that another group missing from the list is somebody from the cancer charity sector, namely those who provide lots of the services on behalf of health boards, such as Macmillan Cancer Support and Marie Curie Cancer Care. It might be sensible to have a short period to hear from them about their part in all this. Are there any further suggestions for the list of potential oral evidence sessions? I see that there are not.

[247] Annex 5 is a very illustrative list of what might happen and when. We will face the same issue as we faced in relation to the last item, namely that we have a very constricted timetable within which to complete Stage 1. This is further constricted by the other things that we have to do. We will have to come back to you at least one more time to set out what we can do within the time that we have. We are further compressed by the fact that we had originally hoped to be able to take evidence today from Mick as the Member in charge, but because of the late laying of the Bill, in the end, we just could not do the job that we needed to do. So, Mick's session has to start us off in January, which will add to the timetable congestion. We will share this grief with you one more time, and then we have to make some final decisions as to what we can get done in the time available. Other than that, all that remains for me to say is:

[248] diolch yn fawr iawn i chi gyd a Nadolig llawen. Tan y flwyddyn nesaf. thank you all very much and I wish you a merry Christmas. Until next year.

Daeth y cyfarfod i ben am 11.24 a.m.
The meeting ended at 11.24 a.m.